## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10761662

(Column 1) (Column 2)								SMALL ENTITY TYPE		ΛP	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			ai		10010			RATE	FEE	7.	RATE	FEE
FOR			NUMBER FILED		An () 4F	SED EVIDA		BASIC FE	<del></del>	1_		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			\ \ minus 20= *					XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =					X43=		OR	X86=	
M	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	•
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	385	OR	TOTAL	
,	(1/2) CLAIMS AS AMENDED - PART II								تعت	10	OTHER	THAN
14	120/06	(Column 1)				(Column 3)		SMALL	ENTITY	OR	SMALL	
MTA	/ /	CLAIMS REMAINING AFTER		HIGH NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT A	Total	• 20	Minus	PAID	FOR		ł	X\$ 9=	FEE	OR	X\$18=	FEE
AEN	Independent	. 4	Minus	***	2		ŀ				X86=	
¥	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM			X43=		OR	X00=	
								+145=	·	OR	+290=	
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
8		CLAIMS REMAINING		HIGHE NUME		PRESENT	Γ		ADDI-			ADDI-
LN:	• 0	AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT B	Total .	•	Minus	**		=	Ī	X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		<b>.</b>	F	X43= .			X86=	
A	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			A43= .		OR	×00=	
١	-			- · • -		•		+145=		OR	+290=	
								TOTAL DDIT, FEE		OR	TOTAL ODIT, FEE	
(Column 1) (Column 2) (Column 3)												-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	•	Minus	**		<b>=</b> .	Г	X\$ 9=		OR	X\$18=	
Ř	Independent	•	Minus	***	•	= '	H	X43=			X86=	<del>-  </del>
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·⊩	^43=		OR	<u>∧₀₀=</u>	
										OR	+290=	·
* If the mary in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE												
		nber Previously Paid ber Previously Paid						•	ropriate box		·	
		•							•	•		